

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A
PAYMENT ISSUE DATE: 7/25/2014

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.03880684

Gross Claim	\$	1,456,968.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,456,968.77
YTD Amount:	\$	6,144,616.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A
PAYMENT ISSUE DATE: 7/25/2014

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00010712

Gross Claim	\$	4,021.73
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,021.73
YTD Amount:	\$	29,355.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A
PAYMENT ISSUE DATE: 7/25/2014

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00140804

Gross Claim	\$	52,863.63
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	52,863.63
YTD Amount:	\$	217,857.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A
PAYMENT ISSUE DATE: 7/25/2014

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00968260

Gross Claim	\$	363,524.73
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	363,524.73
YTD Amount:	\$	1,487,011.54

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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PAYMENT ISSUE DATE: 7/25/2014

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00148305

Gross Claim	\$	55,679.81
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	55,679.81
YTD Amount:	\$	227,421.39

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COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00117511

Gross Claim	\$	44,118.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	44,118.47
YTD Amount:	\$	179,577.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ CA

94553

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.01993726

Gross Claim	\$	748,526.94
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	748,526.94
YTD Amount:	\$	3,158,119.48

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DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00137443

Gross Claim	\$	51,601.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	51,601.77
YTD Amount:	\$	211,235.10

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EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA

95667

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00541124

Gross Claim	\$	203,160.26
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	203,160.26
YTD Amount:	\$	828,352.36

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FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.02513131

Gross Claim	\$	943,532.99
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	943,532.99
YTD Amount:	\$	3,985,532.93

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GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00132620

Gross Claim	\$	49,791.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	49,791.02
YTD Amount:	\$	203,610.68

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HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2013-14

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Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00953402

Gross Claim	\$	357,946.42
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	357,946.42
YTD Amount:	\$	1,454,492.71

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IMPERIAL COUNTY TREASURER
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2013-14

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Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00961923

Gross Claim	\$	361,145.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	361,145.55
YTD Amount:	\$	1,473,015.00

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA

93526

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2013-14

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Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00180372

Gross Claim	\$	67,719.09
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	67,719.09
YTD Amount:	\$	276,671.16

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KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2013-14

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Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.01700993

Gross Claim	\$	638,622.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	638,622.90
YTD Amount:	\$	2,697,023.52

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KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812 1406

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00480994

Gross Claim	\$	180,584.98
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	180,584.98
YTD Amount:	\$	739,723.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 7/25/2014

LAKE COUNTY TREASURER

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00211502

Gross Claim	\$	79,406.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	79,406.57
YTD Amount:	\$	327,183.34

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00142893

Gross Claim	\$	53,647.92
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	53,647.92
YTD Amount:	\$	220,634.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A

PAYMENT ISSUE DATE: 7/25/2014

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.30831078

Gross Claim	\$	11,575,257.85
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	11,575,257.85
YTD Amount:	\$	48,804,825.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A

PAYMENT ISSUE DATE: 7/25/2014

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00479845

Gross Claim	\$	180,153.60
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	180,153.60
YTD Amount:	\$	737,764.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A

PAYMENT ISSUE DATE: 7/25/2014

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.01081177

Gross Claim	\$	405,918.42
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	405,918.42
YTD Amount:	\$	1,649,251.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 7/25/2014

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA

95338

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00076955

Gross Claim	\$	28,892.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	28,892.08
YTD Amount:	\$	118,321.27

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 7/25/2014

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

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Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00305329

Gross Claim	\$	114,633.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	114,633.10
YTD Amount:	\$	470,769.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A

PAYMENT ISSUE DATE: 7/25/2014

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00617173

Gross Claim	\$	231,712.19
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	231,712.19
YTD Amount:	\$	981,482.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A

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MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2013-14

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Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00085161

Gross Claim	\$	31,972.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	31,972.95
YTD Amount:	\$	131,072.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA

93517

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

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Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00118574

Gross Claim	\$	44,517.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	44,517.57
YTD Amount:	\$	203,898.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A
PAYMENT ISSUE DATE: 7/25/2014

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00804886

Gross Claim	\$	302,187.39
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	302,187.39
YTD Amount:	\$	1,274,860.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A

PAYMENT ISSUE DATE: 7/25/2014

NAPA COUNTY TREASURER

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00459339

Gross Claim	\$	172,454.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	172,454.80
YTD Amount:	\$	702,717.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A

PAYMENT ISSUE DATE: 7/25/2014

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA

95959

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00293934

Gross Claim	\$	110,354.94
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	110,354.94
YTD Amount:	\$	450,649.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A

PAYMENT ISSUE DATE: 7/25/2014

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.06285826

Gross Claim	\$	2,359,958.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,359,958.25
YTD Amount:	\$	10,028,514.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A
PAYMENT ISSUE DATE: 7/25/2014

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00374119

Gross Claim	\$	140,459.70
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	140,459.70
YTD Amount:	\$	594,351.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A

PAYMENT ISSUE DATE: 7/25/2014

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00125255

Gross Claim	\$	47,025.89
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	47,025.89
YTD Amount:	\$	191,123.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A

PAYMENT ISSUE DATE: 7/25/2014

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.03244361

Gross Claim	\$	1,218,066.88
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,218,066.88
YTD Amount:	\$	5,147,640.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A

PAYMENT ISSUE DATE: 7/25/2014

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.03395164

Gross Claim	\$	1,274,684.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,274,684.55
YTD Amount:	\$	5,388,823.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A

PAYMENT ISSUE DATE: 7/25/2014

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00173511

Gross Claim	\$	65,143.18
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	65,143.18
YTD Amount:	\$	265,899.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A
PAYMENT ISSUE DATE: 7/25/2014

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.03913067

Gross Claim	\$	1,469,126.69
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,469,126.69
YTD Amount:	\$	6,225,302.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A

PAYMENT ISSUE DATE: 7/25/2014

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO

95798 0304

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.07561830

Gross Claim	\$	2,839,022.76
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,839,022.76
YTD Amount:	\$	12,252,357.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A

PAYMENT ISSUE DATE: 7/25/2014

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.05881528

Gross Claim	\$	2,208,168.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,208,168.11
YTD Amount:	\$	9,310,390.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A

PAYMENT ISSUE DATE: 7/25/2014

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.01500577

Gross Claim	\$	563,378.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	563,378.47
YTD Amount:	\$	2,385,273.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A

PAYMENT ISSUE DATE: 7/25/2014

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO CA

93406

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00454601

Gross Claim	\$	170,675.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	170,675.96
YTD Amount:	\$	720,337.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A

PAYMENT ISSUE DATE: 7/25/2014

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA

95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.01385228

Gross Claim	\$	520,071.70
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	520,071.70
YTD Amount:	\$	2,193,877.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A

PAYMENT ISSUE DATE: 7/25/2014

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA CA

93102

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00831078

Gross Claim	\$	312,020.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	312,020.95
YTD Amount:	\$	1,316,464.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A
PAYMENT ISSUE DATE: 7/25/2014

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.03359795

Gross Claim	\$	1,261,405.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,261,405.57
YTD Amount:	\$	5,323,128.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A

PAYMENT ISSUE DATE: 7/25/2014

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ CA

95061

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00552830

Gross Claim	\$	207,555.18
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	207,555.18
YTD Amount:	\$	875,114.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A

PAYMENT ISSUE DATE: 7/25/2014

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00838401

Gross Claim	\$	314,770.30
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	314,770.30
YTD Amount:	\$	1,286,223.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A

PAYMENT ISSUE DATE: 7/25/2014

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA

95936 0376

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00028429

Gross Claim	\$	10,673.42
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	10,673.42
YTD Amount:	\$	43,959.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A

PAYMENT ISSUE DATE: 7/25/2014

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00226201

Gross Claim	\$	84,925.18
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	84,925.18
YTD Amount:	\$	347,123.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A

PAYMENT ISSUE DATE: 7/25/2014

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.01198134

Gross Claim	\$	449,828.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	449,828.90
YTD Amount:	\$	1,845,011.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A

PAYMENT ISSUE DATE: 7/25/2014

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.01903962

Gross Claim	\$	714,825.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	714,825.84
YTD Amount:	\$	2,911,036.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A

PAYMENT ISSUE DATE: 7/25/2014

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.01152753

Gross Claim	\$	432,791.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	432,791.00
YTD Amount:	\$	1,828,998.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A

PAYMENT ISSUE DATE: 7/25/2014

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA

95992

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00443470

Gross Claim	\$	166,496.92
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	166,496.92
YTD Amount:	\$	677,825.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A

PAYMENT ISSUE DATE: 7/25/2014

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA

96080

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00299501

Gross Claim	\$	112,445.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	112,445.02
YTD Amount:	\$	458,760.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A

PAYMENT ISSUE DATE: 7/25/2014

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA

96093 1297

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00125217

Gross Claim	\$	47,011.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	47,011.62
YTD Amount:	\$	193,353.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A

PAYMENT ISSUE DATE: 7/25/2014

TULARE COUNTY TREASURER

COUNTY CIVIC CENTER RM 103E

221 SOUTH MOONEY BL

VISALIA CA

93291

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.01098834

Gross Claim	\$	412,547.59
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	412,547.59
YTD Amount:	\$	1,747,313.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A

PAYMENT ISSUE DATE: 7/25/2014

TUOLUMNE COUNTY TREASURER

2 SOUTH GREEN ST

SONORA CA

95370

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00230354

Gross Claim	\$	86,484.39
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	86,484.39
YTD Amount:	\$	352,888.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A

PAYMENT ISSUE DATE: 7/25/2014

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.01319956

Gross Claim	\$	495,565.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	495,565.90
YTD Amount:	\$	2,092,118.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A

PAYMENT ISSUE DATE: 7/25/2014

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00366030

Gross Claim	\$	137,422.75
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	137,422.75
YTD Amount:	\$	580,305.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A

PAYMENT ISSUE DATE: 7/25/2014

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00383600

Gross Claim	\$	144,019.26
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	144,019.26
YTD Amount:	\$	589,082.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A

PAYMENT ISSUE DATE: 7/25/2014

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00140109

Gross Claim	\$	52,602.70
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	52,602.70
YTD Amount:	\$	489,942.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A
PAYMENT ISSUE DATE: 7/25/2014

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA

90802

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00628926

Gross Claim	\$	236,124.75
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	236,124.75
YTD Amount:	\$	2,198,847.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300457A

PAYMENT ISSUE DATE: 7/25/2014

PASADENA CITY TREASURER

PO BOX 7115

PASADENA CA

91109 7215

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2014 TO: 7/15/2014

Total amount collected:	\$37,544,123.00	Percentage of collection:	0.12474589
Gross monthly apportionment:	\$37,544,123.00	County/City Ratio:	0.00207503

Gross Claim	\$	77,905.18
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	77,905.18
YTD Amount:	\$	725,423.57